

Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

AACE

American Association of
Clinical Endocrinologists
Ohio River Regional Chapter

ADA

American Diabetes
Association

DECA

Diabetes Educators
Cincinnati Area

GLADE

Greater Louisville Association
of Diabetes Educators

JDRF

Juvenile Diabetes Research
Foundation International

KADE

Kentucky Association of
Diabetes Educators

KEC

Kentuckiana Endocrine Club

KDN

Kentucky Diabetes
Network, Inc.

KDPCP

Kentucky Diabetes Prevention
and Control Program

TRADE

Tri-State Association of
Diabetes Educators

A Message from Kentucky Diabetes Partners

THE GREAT DIABETES EPIDEMIC



Gilbert H. Friedell, MD

*Submitted by: Gilbert H.
Friedell, MD, and
J. Isaac Joyner, MPH*

Step back to 1994. Suppose an epidemic struck the United States, causing blindness, kidney failure, and leg amputations in steadily increasing numbers. Suppose that in less than a decade's time, the epidemic had victimized one out of eight people.

Erase the supposition. It has happened. The epidemic's name is diabetes.

Diabetes is now the nation's sixth leading cause of death. It is the leading cause of new cases of blindness, of non-traumatic leg amputation, and of dialysis or renal transplantation. It is also among the leading causes of heart disease and stroke.

Diabetes currently costs our nation over \$275 billion per year. By 2050, when today's teenagers are in their fifties,

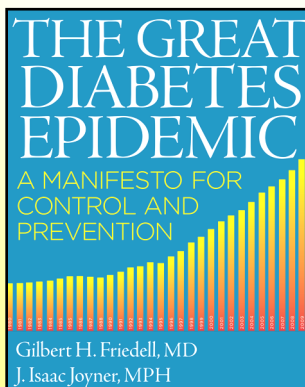
those costs will skyrocket to half a trillion dollars per year. Complications from diabetes drive those costs. Dialysis for one person costs \$80,000 a year. Amputations cost about \$50,000 each. The medical costs of diabetes and its effects add up quickly.

Diabetes is not "just a touch of sugar," as people like to say. It is a serious and costly and often fatal disease.

There is good news, however. We know how to stop diabetes. But it will take public and political will, as well as a commitment to take action at the community, state, and federal levels.

The Great Diabetes Epidemic: A Manifesto for Control and Prevention, by Gilbert H.

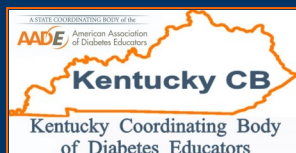
Friedell, MD, and J. Isaac Joyner, MPH, outlines a game plan to make that change happen so that we can all act now to save lives, save money and save our nation.



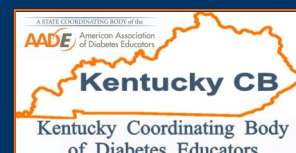
This book is jointly published by Butler Books and the Friedell Committee. Any income beyond the original cost will go to the Friedell Committee which holds the copyright and is a non-profit 501 (c) (3) organization.

KENTUCKY COORDINATING BODY (CB) REPORT P. 2
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DIABETES MEDICATIONS UPDATE P. 6

AND MORE!



KY COORDINATING BODY (CB) REPORT



Vanessa Paddy

Submitted by: Vanessa Paddy, MSN, APRN, LDE, 4CNP-BC, CCP, 2014 Volunteer Leader for the Kentucky Coordinating Body (CB) of the American Association of Diabetes Educators

Several members of the KY State Coordinating Body (CB) of the American Association of Diabetes Educators (AADE) had the opportunity to attend the recent AADE National Conference held in Orlando,

Florida in August of this year. Along with the many opportunities to gain and/or reinforce our diabetes knowledge, we were able to network with many colleagues around the country.

KY Coordinating Body recent activities are included within this article.

Partially Sponsored Volunteer Leader From KY LNGs to Attend National AADE Conference

The KY CB partially sponsored one volunteer leader from each of the KY Local Networking Groups (LNGs) — GLADE, TRADE and KADE — to attend the AADE conference by covering the registration fee.

Displayed at AADE CB and LNG Networking Reception at AADE Conference in Orlando

Members of the KY CB also participated in the AADE Coordinating Body and Local Networking Group Reception on the first night of the conference. The KY booth was a big hit with our authentic KY Bourbon Balls. Over 200 of these tasty treats drew diabetes educators from numerous states to see our “newly printed display boards” (*thanks to Janey Wendschlag*) that included logos for our KYCB and LNGs (*see photo below*).



AADE Foundation Donation

On behalf of KY diabetes educators, the KY CB also made a contribution to the AADE Foundation by donating a gift for their Silent Auction. Stoneware from Louisville Pottery and a \$100 gift card was included in the donation.

Kentucky Diabetes Educators Presented at National Conference

We are also pleased to report that one of our KY CB members, Janey Wendschlag, RN, BSN, LDE from Lexington, along with another KY diabetes educator, Mechelle Coble, MS, RD, LD, CDE from Elizabethtown, were presenters at the national conference with their discussion on *“Bridging the Diabetes Generational Gap”*. Janey and Mechelle made us all proud as they presented to a room packed with diabetes educators from across the United States! And they were featured on the front page of an AADE conference newsletter!



Janey Wendschlag, pictured above left, and Mechelle Coble, above right, presented at the national American Association of Diabetes Educators Conference (AADE) held in Orlando in August.

KY Board of Licensed Diabetes Educators

Lastly, the CB continues to monitor activities of the KY Board of Licensed Diabetes Educators. New and revised regulations have been submitted by the “Licensure Board” to the Legislative Research Commission (LRC) to address application requirements. Minutes from the Board’s June meeting are now on the website. For more information on diabetes licensure, visit their website at:

bde.ky.gov.

IN LOVING MEMORY

Patti Geil, MS, RD, MLDE, CDE, FAND, FAADE, 1954 – 2014

Submitted by: Laura Hieronymus, MSED, RN, MLDE, BC-ADM, CDE, FAADE, Lexington, KY

Patti Geil, a long-time diabetes educator and registered dietitian in Lexington, Kentucky, passed away on September 11, 2014.

Patti represented our state of Kentucky with a dedication to evidence-based diabetes care and education, exemplary diabetes professional practice, and was looked to by diabetes educators locally, regionally, and nationally as an expert in diabetes care. She worked to help others “translate the science of nutrition into the art of great eating”.

She was an active member of the American Diabetes Association, American Association of Diabetes Educators and the Diabetes Care and Education Dietetic Practice Group of the Academy of Nutrition and Dietetics. Patti was a certified Fellow of the Academy of Nutrition and Dietetics and in August of this year was named a Fellow of the American Association of Diabetes Educators.

Patti was honored as “Dietitian of the Year” by the Kentucky Dietetic Association in 2012 and was the “People’s Choice Diabetes Educator of the Year” in 2011 awarded by *Diabetic Living Magazine*. She had previously been named the “Diabetes Educator of the Year” (2005) by the Diabetes Care and Education Practice Group of the Academy of Nutrition and Dietetics and as “Diabetes Educator of the Year” (2009) by the Kentucky Association of Diabetes Educators.

Many will remember Patti as a frequent presenter at meetings of professional and community organizations as well as an author with flawless writing skills. She had written over 75 articles for refereed journals and consumer publications and many award-winning books in the area of nutrition and diabetes.

Her dedication to her professional goals in diabetes care and education was impeccable and of utmost class.

*Rest in peace, our respected colleague and friend,
Patti Geil.*



Patti Bazel Geil
1954-2014

From Patti’s Obituary:

On September 11th, Patti Bazel Geil passed away peacefully surrounded by family at UK’s Chandler Hospital. Born November 18, 1954, Patti grew up in Huntington, WV with parents Ed and Irene Bazel and rascally younger brother Eddie. Patti is survived by her husband, Dr. John “Jack” Geil; her daughters, Kristen and Rachel; and her ornery black Lab, Annabelle.

Patti graduated from Marshall University with a bachelor’s degree in dietetics, where she was a member of Alpha Xi Delta sorority, and moved to Lexington to pursue her

Masters in Clinical Nutrition at UK. As a licensed diabetes educator, author of multiple award-winning books, and owner of Geil Nutrition Communications, Patti (MS, RD, MLDE, CDE, FAND and FAADE) worked to help others translate the science of nutrition into the art of great eating, all while maintaining the most well-stocked snack cabinet in Lexington.

Patti will be remembered as a loving, caring mother, wife, friend, and colleague who could talk to anyone. She loved walks in the Arboretum with her friends, cheering on the Kentucky Wildcats, visiting Kristen in Chicago (and staying at The Drake Hotel), and pacing the sidelines of Rachel’s soccer games. She planned amazing trips for her family and friends, from Hawaii for her 30th wedding anniversary to Disney World for Thanksgiving to Hilton Head with her girlfriends.

Share a Memory:

Please join Patti’s family in memories by visiting their Memorial at www.mem.com. Through this site, Patti’s family invites you to share your thoughts and fond memories with them.

Memorial Contributions:

American Association of Diabetes Educators — Education and Research Foundation (www.diabeteseducator.org/Foundation/Contribute/) OR Catholic Action Center, PO Box 324, Lexington, KY 40588



Gary Dougherty

Submitted by: Gary Dougherty, Associate Director, State Government Affairs for the American Diabetes Association (ADA)

On March 5, 2014, Governor Steven Beshear signed House Bill 98, American Diabetes Association supported legislation that ensures that schools can provide for the safety and academic success of their students with diabetes. HB 98 requires schools to have personnel

available to administer insulin to students with diabetes. It allows willing school staff to be trained to administer insulin to students. (Existing law already authorized such training for glucagon administration). The law allows students who are competent to self-manage their diabetes to do so in the classroom, anywhere on school campus, and at school sponsored activities. The law also prohibits the forcible transfer of students to a different school because of their diabetes care needs.

Some, but not all, Kentucky schools have full-time nurses, and even in schools that do, gaps in coverage may occur.

The new law will increase safety and access for students with diabetes, during the school day, during field trips, and at school-sponsored activities that occur outside the regular school day. School nurses or other health care professionals may provide training to school personnel using nationally recognized training materials that are available free of charge.

Below are some important steps for diabetes health professionals to share with parents to ensure their child is “Safe at School” (text written to share directly with a parent):

1) MAKE SURE YOUR CHILD’S TREATMENT PLAN IS CURRENT

Work with your child’s health care provider to create a Diabetes Medical Management Plan **annually** that spells out your child’s school diabetes care regimen, including times and dosages for insulin administration (routine and correction doses), blood glucose monitoring, glucagon administration, carbohydrate content for meals and snacks, and recognition and treatment

of hypo- and hyperglycemia. If a student is able to manage their diabetes, the plan should include a physician authorization detailing what tasks your child can do independently and which tasks require school staff assistance. Be sure you have provided insulin and glucagon in unopened, pharmacy-labeled containers and also provide blood glucose monitoring meter and supplies, insulin delivery supplies, food to treat “lows,” and other needed supplies at school.

2) MAKE SURE THE SCHOOL HAS STAFF AVAILABLE TO PROVIDE DIABETES CARE TO YOUR CHILD

Some Kentucky schools don’t have a full time nurse and, even in those that do, the nurse is not always available. The new law allows school personnel to volunteer to be trained to administer insulin and glucagon when a nurse is not immediately available to help a student. Any school personnel can volunteer to be trained. Parents should contact their school principal about training volunteers. The delegating physician or nurse shall provide the training.

3) BE A RESOURCE FOR THE SCHOOL

You can help the school nurse and school administrators by providing information about the new law and diabetes training materials. You may also be able to help identify health care professionals (perhaps your child’s health care provider) to assist with training school personnel.

4) WRITE A 504 PLAN OR INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Work with the school’s 504 coordinator to develop a plan to specify what services your child needs at school. Having this plan in writing is the best way to protect your child’s rights. The 504 Plan or IEP should be consistent with your child’s Diabetes Medical Management Plan or physician’s orders.

In addition, school districts should be developing implementation policies that include guidance for school administrators, school personnel, school nurses, and parents including:

SAFE AT SCHOOL CONTINUED...

1) INFORM PARENTS OF STUDENTS WITH DIABETES

Communicate information about the new law to parents of children with diabetes along with parent's responsibilities. Parents must submit a health plan, or diabetes medical management plan, developed by the student's health care provider annually.

2) INFORM SCHOOL PERSONNEL

Communicate information about the new law to school personnel. Let them know that the district may be seeking volunteers to provide diabetes care. School personnel should be informed that anyone can volunteer to assist students with diabetes, but no one can be compelled to administer medication. Additionally, school personnel should be advised that the school district, school administrators, and school personnel are protected from civil liability under the new law except in cases of negligence or misconduct.

3) DEVELOP A PLAN FOR TRAINING

School nurses may train school personnel to assist students with diabetes. Other health care professionals may also train school personnel under the new law. Training should include all of the following: an overview of diabetes; symptoms and treatment of hyper- and hypoglycemia; techniques for administering insulin; techniques for recognizing the symptoms that require administration of glucagon; and techniques on administering glucagon based on the student's diabetes medical management plan.

The American Diabetes Association has free training materials that can be downloaded at:

www.diabetes.org/schooltraining.

Parents and guardians should call 1-800-DIABETES for free information or for help with a specific school diabetes care issue. Additional resources are also available online at:

www.diabetes.org/safeatschool.

TRAINING FOR KY SCHOOL NURSES PROVIDED IN JULY

A training for KY school nurses, especially related to diabetes care in schools and the new KY law (HB 98) signed into legislation April 15, 2014, was held on July 28 and 29 by the Kentucky School Nurse Association (KSNA).

Over 250 nurses who registered for the KSNA summer conference were given access to new training materials developed by the KY Board of Nursing (KBN) with diabetes partners including the Jessamine County School System, Kosair Children's Hospital — University of Louisville Pediatrics / Endocrinology, and the Kentucky Department for Public Health's KY Diabetes Prevention and Control Program.

Acknowledgments for the new training materials were also given to the American Diabetes Association, the Kentucky Department of Education, and the Virginia Department of Education. In addition, numerous individuals who served on the KBN Advisory Group for Insulin Administration in the School Setting (see manual for the complete listing) were recognized.

KBN published the *Insulin Training Manual* (some sections have corresponding videos) which includes:

- Diabetes in Kentucky Schools
- Diabetes Basics
- Diabetes Medical Management Plan (DMMP)
- Individualized Health Plans (IHPs) for Students
- Hypoglycemia
- Glucagon Administration, part 1
- Glucagon Administration, part 2
- Glucagon Administration, part 3
- Hyperglycemia
- Ketones
- Carb Counting
- Blood Glucose Monitoring
- Insulin Administration
- Storage and Disposal

Download the NEW KY Board of Nursing
Insulin Training Manual at:

[http://kbn.kv.gov/practice/Pages/
insulinadmin.aspx](http://kbn.kv.gov/practice/Pages/insulinadmin.aspx)

THIRD SGLT2 INHIBITOR, JARDIANCE, HITS PHARMACY SHELVES; BASAGLAR (INSULIN GLARGINE) RECEIVES TENTATIVE FDA APPROVAL



Carrie Isaacs
PharmD, CDE

Submitted by: Carrie Isaacs, Pharm D, University of Kentucky, Lexington, KY

Jardiance®

The third sodium glucose co-transporter (SGLT-2) inhibitor to come to market in the U.S. is **empagliflozin**. It was FDA approved on August 1st and began to show up on pharmacy shelves late last month. **Empagliflozin's** brand name is **Jardiance®**, and is distributed

by Boehringer Ingelheim Pharmaceuticals, Inc, and co-promoted with Eli Lilly and Company. It is available as once-daily, 10 and 25 mg tablets. **Canagliflozin (Invokana®)** first came to market in March 2013 and **dapagliflozin (Farxiga™)** followed in just January of this year. **Dapagliflozin** was highlighted in the second quarter 2014 KDN newsletter.

The FDA approval of **Jardiance®** was based on results from a large clinical program comprised of more than 10 multinational clinical trials and more than 13,000 adults with type 2 diabetes. Phase III studies showed A1C reductions after 24 weeks as a stand-alone treatment and in combination with other type 2 diabetes therapies including metformin, sulfonylureas, pioglitazone and insulin.

The FDA is requiring four postmarketing studies for **Jardiance®**:

- Completion of an ongoing cardiovascular outcomes trial.
- A pediatric pharmacokinetic/pharmacodynamics study.
- A pediatric safety and efficacy study. As part of the safety and efficacy study, the effect on bone health and development will be evaluated.
- A nonclinical (animal) juvenile toxicity study with a particular focus on renal development, bone development and growth.

The recommended dose of **Jardiance®** is 10 mg once daily in the morning, taken with or without food. In patients tolerating **Jardiance®**, the dose may be increased to 25 mg.

The most common adverse effects associated with **Jardiance®** were urinary tract infections and vaginal yeast infections. Hypoglycemia was most commonly reported in patients treated with the combination of **Jardiance®** and sulfonylurea or insulin.

Although **empagliflozin** is not approved for lowering weight or blood pressure, modest reductions in both weight and systolic blood pressure were observed in

clinical trials. This is alike the other two SGLT2 inhibitors.

Patients should not take **empagliflozin** if they have severe kidney problems (eGFR <45 mL/min/1.73 m²) or are on dialysis. The risks of renal impairment, volume depletion adverse reactions (e.g. dehydration) and urinary tract infection-related adverse reactions increased with worsening renal function.

Basaglar™

On August 19th, The U.S. FDA granted tentative approval for Lilly and Boehringer Ingelheim's insulin glargine product, to be called **Basaglar™**, for use in adults with type 2 diabetes and both children and adults with type 1 diabetes.

This is a so-called "biosimilar," although it is not recognized as such in the U.S.; a basal insulin with the same amino acid sequence as the familiar **Lantus® (insulin glargine; LY2963016)**, the influential insulin developed by Sanofi for which the patent will expire soon, in 2015.

The tentative approval for **Basaglar™** is based, in part, on results from Lilly and Boehringer Ingelheim's extensive clinical program for the insulin glargine product. The submission included outcomes from pharmacokinetic and pharmacodynamics studies, as well as Phase III studies in people with type 1 and type 2 diabetes.

With a tentative approval, the FDA has decided that **Basaglar™** meets all the regulatory conditions for approval, but it is subject to an automatic "stay" of up to 30 months as a result of litigation filed by Sanofi, claiming patent infringement. Under the Drug Price Competition and Patent Term Restoration Act ("Hatch Waxman"), the FDA cannot give final approval until the end of the 30-month period in mid-2016, unless the court rules in favor of Lilly earlier. This granted-tentative green light is a sign of things to come in the insulin market — as well as biosimilars — the competition is on to get ultralong-acting insulin formulations approved, as well as highly concentrated versions.

And not letting slip from our memories is the new inhaled dry-powder formulation of recombinant human regular insulin, **Afrezza®**, that was recently approved by the FDA and due to hit the market in 2015.

FDA APPROVES AFREZZA AND TRULICITY TO TREAT DIABETES

Printed in part from FDA Press Releases
June 27, 30 and September 18, 2014.



U.S. Food and Drug Administration
Protecting and Promoting Your Health

The FDA is requiring the following post-marketing studies for *Afrezza*:

In June, the U.S. Food and Drug Administration approved *Afrezza* (insulin human) Inhalation Powder, a rapid-acting inhaled insulin to improve glycemic control in adults with diabetes mellitus. *Afrezza*, manufactured by MannKind Corporation, is a rapid-acting inhaled insulin administered at the beginning of each meal.

"*Afrezza* is a new treatment option for patients with diabetes requiring mealtime insulin," said Jean-Marc Guettier, MD, director of the Division of Metabolism and Endocrinology Products in the FDA's Center for Drug Evaluation and Research. "This approval broadens the options available for delivering mealtime insulin in the overall management of patients with diabetes who require it to control blood sugar levels."

The drug's safety and effectiveness were evaluated in a total of 3,017 participants—1,026 participants with type 1 diabetes and 1,991 patients with type 2 diabetes. The efficacy of mealtime *Afrezza* in adult patients with type 1 diabetes patients was compared to mealtime insulin aspart (fast-acting insulin), both in combination with basal insulin (long-acting insulin) in a 24 week study. At week 24, treatment with basal insulin and mealtime *Afrezza* provided a mean reduction in HbA1c that met the pre-specified non-inferiority margin of 0.4 percent. *Afrezza* provided less HbA1c reduction than insulin aspart, and the difference was statistically significant.

Afrezza is not a substitute for long-acting insulin. *Afrezza* must be used in combination with long-acting insulin in patients with type 1 diabetes, and it is not recommended for the treatment of diabetic ketoacidosis, or in patients who smoke.

Afrezza has a **"Boxed Warning"** advising that acute bronchospasm has been observed in patients with asthma and chronic obstructive pulmonary disease (COPD). *Afrezza* should not be used in patients with chronic lung disease, such as asthma or COPD because of this risk. The most common adverse reactions associated with *Afrezza* in clinical trials were hypoglycemia, cough, and throat pain or irritation.

The FDA approved *Afrezza* with a Risk Evaluation and Mitigation Strategy, which consists of a communication plan to inform health care professionals about the serious risk of acute bronchospasm associated with *Afrezza*.

- a clinical trial to evaluate pharmacokinetics, safety and efficacy in pediatric patients;
- a clinical trial to evaluate the potential risk of pulmonary malignancy with *Afrezza* (*this trial will also assess cardiovascular risk and the long-term effect of Afrezza on pulmonary function*);
- two pharmacokinetic-pharmacodynamic euglycemic glucose-clamp clinical trials, one to characterize dose response and one to characterize within-subject variability.

TRULICITY

In September, the FDA approved *Trulicity* (*dulaglutide*), a once-weekly subcutaneous injection to improve glycemic control along with diet and exercise, in adults with type 2 diabetes.

Trulicity is a glucagon-like peptide-1 (GLP-1) receptor agonist. The drug's safety and effectiveness were evaluated in six clinical trials in which 3,342 patients with type 2 diabetes received *Trulicity*.

Trulicity has been studied as a stand-alone therapy and in combination with other type 2 diabetes therapies, including metformin, sulfonylurea, thiazolidinedione, and prandial insulin. *Trulicity* should not be used to treat people with type 1 diabetes; those who have increased ketones in their blood or urine (diabetic ketoacidosis); those with severe stomach or intestinal problems; or as first-line therapy for patients who cannot be managed with diet and exercise.

Trulicity has a **"Boxed Warning"** that tumors of the thyroid gland (thyroid C-cell tumors) have been observed in rodent studies with *Trulicity* but that it is unknown whether *Trulicity* causes thyroid C-cell tumors, including a type of thyroid cancer called medullary thyroid carcinoma (MTC), in humans. *Trulicity* should not be used in patients with a personal or family history of MTC or in patients with multiple endocrine neoplasia syndrome type 2.

THE RATE OF INCREASE OF NEW CASES OF DIAGNOSED DIABETES MAY BE SLOWING



DESPITE PROGRESS, CONTINUED EFFORTS NEEDED TO

Printed in part from a CDC Press Release and Website

New CDC data published in the *Journal of the American Medical Association* suggest that after decades of continued growth in cases of diagnosed diabetes, the rate of increase may be slowing from year to year. The study, “Prevalence and Incidence in Trends for Diagnosed Diabetes Among Adults Aged 20 to 79 Years, United States, 1980–2012,” was published in September.

“Our findings suggest that, after decades of continued growth in the prevalence and incidence of diagnosed diabetes, the diabetes epidemic may be beginning to slow for the first time,” said Linda Geiss, a chief epidemiologist in CDC’s Division of Diabetes Translation and lead author of the study.

What This Means:

About 1.7 million new cases are diagnosed each year. For the first time, this study shows that number is not getting bigger every year, as in years past, **but the numbers are still alarmingly high.**

These data suggest a change in momentum, a turning of the tides. Now is not the time to let up. Although this news inspires hope, there is still much work to be done.

The rate of increase may be slowing from year to year, but diabetes is an urgent public health epidemic, affecting more than 29 million Americans.

Although *overall* growth rates of diagnosed diabetes seem to be slowing, the rate of increase of new cases continues to rise among some groups including:

- Non-Hispanic blacks.
- Hispanic men and women, and
- People with less than a high school education.

“While this news is encouraging, our work is more important now than ever,” says Ann Albright, PhD, RD, director of CDC’s Division of Diabetes Translation.

“These evolving trends show we’re moving in the right direction, but millions of people are still diagnosed with diabetes yearly. We need to fortify our efforts to see a real, sustained decrease in new cases of diagnosed diabetes.”

What Diabetes Health Professionals Can Do:

Reducing new cases of diabetes is unlikely without continuing to reduce obesity, improve diet, and reduce sedentary lifestyle in the U.S. population, and particularly in those at high risk of developing diabetes. Long-term lifestyle change programs—like the CDC-managed National Diabetes Prevention Program — can help those at high risk of developing the disease.

CDC Diabetes Efforts: <http://www.cdc.gov/diabetes/>
National Diabetes Prevention Program
<http://www.cdc.gov/diabetes/prevention/index.htm>

CDC Data Show Declines in 5 Major Diabetes-Related Complications Among U.S. Adults

A new CDC study shows that rates of five major diabetes-related complications have declined substantially in the last 20 years among U.S. adults with diabetes. The study, *Changes in Diabetes Related Complications in the United States, 1990–2010*, published in the current issue of the *New England Journal of Medicine*, used data from the National Health Interview Survey, National Hospital Discharge Survey, U.S. Renal Data System, and National Vital Statistics System. The study found that rates of lower limb amputation, end stage kidney failure, heart attack, stroke, and deaths due to high blood sugar (hyperglycemia) declined between 1990 and 2010.

Other key findings include:

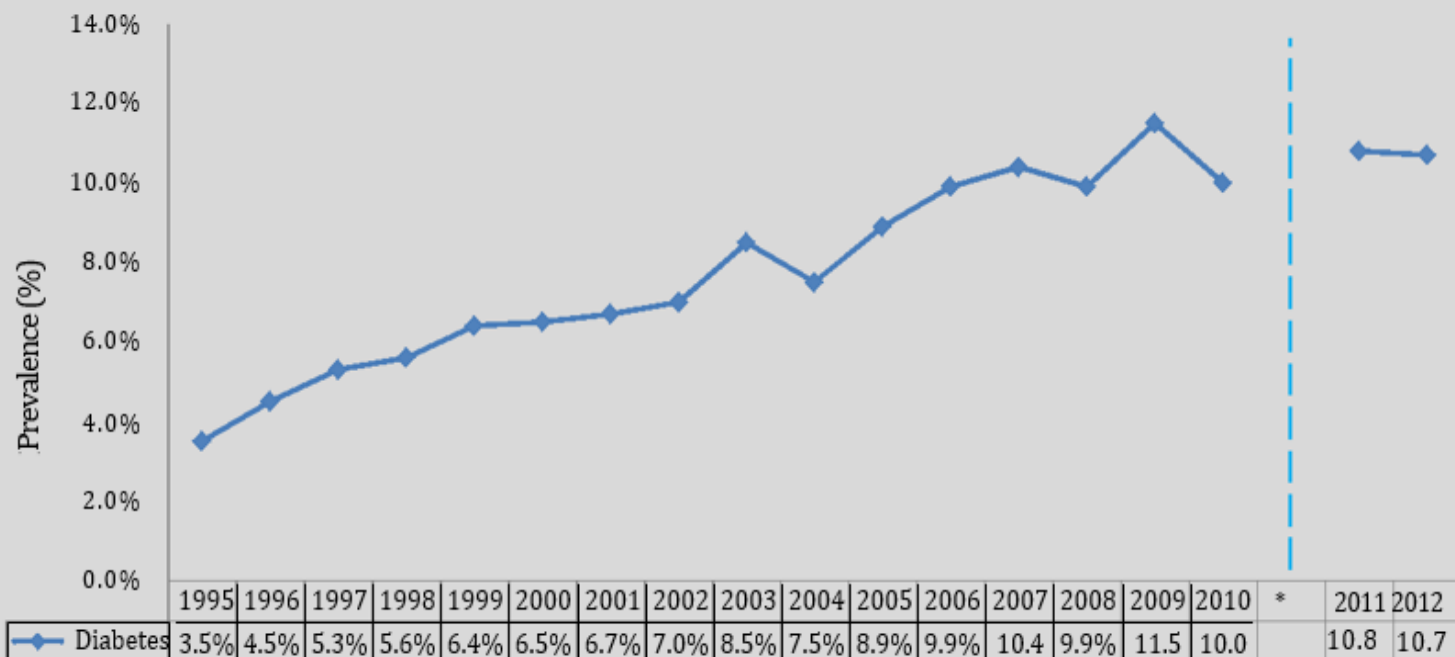
- Cardiovascular complications and deaths from high blood sugar decreased by more than 60% each.
- The rates of both strokes and lower extremity amputations (including upper and lower legs, ankles, feet, and toes) declined by about half.
- Rates for end stage kidney failure fell by about 30%.
- Although all complications declined, the greatest declines in diabetes-related complications occurred for heart attack and stroke, particularly among people 75 years of age and older.

DIABETES TRENDS FOR KENTUCKY

PREVALENCE OF DIABETES AND INFLUENZA VACCINATION

Prevalence of Diabetes among Kentucky Adults (aged 18+), 1995 - 2012

Data Source: Kentucky Behavioral Risk Factor Survey (KyBRES)



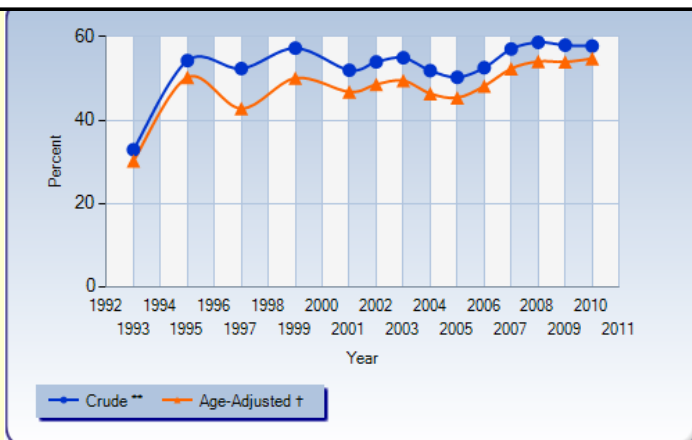
* Change in BRFSS Methodology

***In 2011, two major changes were implemented in BRFSS Methodology: 1) Incorporation of cell phone interviews 2) Adoption of a more advanced weighting method called Iterative Proportional Fitting or Raking (raking replaced the post stratification weighting method used with previous BRFSS data sets).**

Due to these significant changes, estimates of prevalence from 2011 and subsequent years cannot be directly compared to estimates from previous years. Comparing 2011 and 2012 BRFSS data with BRFSS data from previous years may cause misinterpretation of trend line shifts in prevalence estimates. The changes in BRFSS protocol are discussed in detail in the June 8, 2012, MMWR Policy Note, available online at <http://www.cdc.gov/surveillancepractice/reports/brfss/brfss.html>

Kentucky—Percentage of Adults (aged 18 or older) with Diabetes Receiving Influenza Vaccination in the Last Year, 1993—2010

CDC Diabetes Atlas



Three-year averages were used to improve the precision of the annual estimates. Two-year averages were used when three years of data were not available. Before 2001, the influenza vaccination question was included on the survey every other year, so 3 year averages.

Help Protect Diabetes Patients Against the Flu!

Diabetes Vaccine Tips

Diabetes and Influenza Vaccine Guide *

- People with diabetes, aged 6 months and older, should receive a yearly "seasonal" Influenza (flu) shot as soon as the vaccine is available.
- Children with diabetes, aged 6 months and older, who get the "seasonal" flu shot (vaccine) for the first time, should get two doses at least 4 weeks apart.
- People with diabetes should get the inactivated "seasonal" flu vaccine as a shot (Injection) and SHOULD NOT get the live, attenuated, nasal-spray flu vaccine (FluMist®).

*NOTE: If YOU are allergic to eggs or have had other allergic reactions - check with your health care provider before receiving the flu vaccine.

For a helpful tool called "Diabetes and Vaccine Tips", go to: www.chfs.ky.gov/diabetes/ under "Helpful Information" on the right side of the page, click on 3rd bullet "Diabetes and Flu Information".
Also see www.cdc.gov/diabetes/news/docs/flu_protect.htm

RECENTLY RELEASED — CDC'S STATE OBESITY MAP

KENTUCKY PUBLIC HEALTH ISSUES "CALL TO ACTION" FOR PREVENTING OBESITY

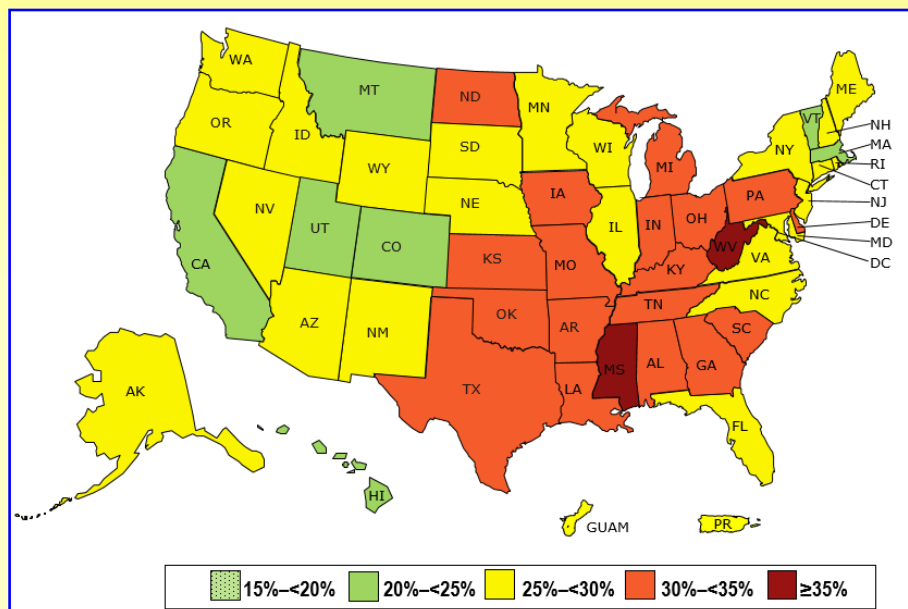
Printed in part from CDC and KY CHFS (10-2-14) Press Releases

The CDC Division of Nutrition, Physical Activity, and Obesity recently released state-specific data on adult obesity prevalence using self-reported information from the Behavioral Risk Factor Surveillance System (BRFSS). This new data shows that the proportion of adults with obesity in the United States in 2013 remained high with estimates across states ranging from 21.3% in Colorado to 35.1% in both Mississippi and West Virginia.

Obesity continues to be a common, serious, and costly public health problem. Other findings from the 2013 BRFSS include the following:

- No state had a prevalence of obesity less than 20%.
- In 7 states (California, Colorado, Hawaii, Massachusetts, Montana, Utah, and Vermont) and the District of Columbia, obesity ranged from 20–25%.
- **Obesity prevalence in 20 states** (Alabama, Arkansas, Delaware, Georgia, Indiana, Iowa, Kansas, **Kentucky**, Louisiana, Michigan, Mississippi, Missouri, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, and West Virginia) **was 30% or greater.**

Prevalence* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2013



Source: Behavioral Risk Factor Surveillance Systems, CDC

*Prevalence estimates reflect BRFSS methodological changes started in 2011.

These estimates should not be compared to prevalence estimates before 2011.

+Guam and Puerto Rico were the only US territories with obesity data available on the 2013 BRFSS.

work to address overweight and obesity, visit www.cdc.gov/obesity/index/html or contact Jennifer Greaser at jgreaser@cdc.gov.

KENTUCKY PUBLIC HEALTH ISSUES "CALL TO ACTION" FOR PREVENTING OBESITY!

The Kentucky Department for Public Health (DPH) is challenging early child care providers, education professionals, parents and health

advocates to join them in the fight to end childhood obesity.

Last spring, DPH received \$275,000 in federal grant funding to help early care and education providers promote healthy eating, physical activity, breast-feeding support, screen time policies and best practices. This project uses training in conjunction with technical assistance to support early child care centers' obesity prevention policies and curriculum.

DPH encourages others to join them in efforts to reduce childhood obesity in early child care by joining the "Call to Action".

For more information, email Rebekah.Duchette@ky.gov.

- Two states (Mississippi and West Virginia) had a prevalence of obesity of 35% or greater.
- The South had the highest prevalence of obesity (30.2%), followed by the Midwest (30.1%), the Northeast (26.5%), and the West (24.9%).
- Combining data from 2011 through 2013, non-Hispanic blacks had the highest prevalence of self-reported obesity (37.6%), followed by Hispanics (30.6%), and non-Hispanic whites (26.6%).

Three new maps demonstrate obesity prevalence by race and ethnicity for each state.

For additional information on CDC's

KHIE UNVEILS MYHEALTHNOW WEBSITE

ONLINE ACCESS TO PERSONAL HEALTH INFORMATION HELPS PATIENTS TRACK, MANAGE MEDICAL RECORDS

Printed in part from a KY CHFS Press Release September 18, 2014

The Kentucky Health Information Exchange (KHIE) has unveiled a new tool to help patients access their personal medical records and information via the Internet. The project, a patient portal called **myhealthnow**, was previewed during KHIE's annual eHealth Summit in Louisville.

KHIE contracted with **NoMoreClipboard** to develop myhealthnow, an online resource where patients can access and store medical records and personal health information. The project is currently in the pilot phase with numerous health care facilities across the state and will be available to the public for use later this year. More information can be found on the program's website:

<https://khie.nomoreclipboard.com/>

"We are very excited about the launch of our patient portal and we truly feel this will allow the individual to play a larger role in their care," said Cabinet for Health and Family Services Secretary Audrey Tayse Haynes. "Improving consumer engagement is integral to our work in building a statewide health information exchange, because we're working to not only improve record-keeping, but to provide better care."

myhealthnow provides numerous benefits for consumers, including:

- A central place for Kentucky patients to access, aggregate, manage and share health information for themselves and their family members.
- Online security and easy access to information. Existing electronic health information will be sent securely to portal users, enabling them to easily access health data.
- Ease and accuracy. The portal will contain accurate and up-to-date records for medications, allergies, health conditions, lab results and other critical health data – improving communication and coordination of care and reducing errors and unnecessary cost and service duplication.

"As patients gain visibility to their health information and the user-friendly tools embedded in the patient portal, they will be more likely to take an active role in managing their

health and wellness," said Polly Mullins-Bentley, KHIE's deputy executive director. "Research with users of this portal show increased likelihood to take a role in health management, to build knowledge and confidence, and to maintain healthy behaviors."

As part of the **kyhealthnow** initiative, the Commonwealth has set aggressive goals for 2019 designed to improve the health and wellness of Kentucky's children, families and workforce. These goals range from reducing rates of obesity and smoking to reducing cardiovascular, cancer and drug overdose deaths.

"Central to helping Kentucky achieve these objectives is increased patient engagement," said Mary Gaetz, KHIE Patient Engagement Coordinator. "Many of these goals require individuals and their families to take an active role in managing their health, and their health information."

Health care facilities participating in the pilot include Twin Lakes Regional Medical Center in Leitchfield, Lexington OB-GYN Associates, Logan Family Practice in Russellville, Edwards Clinic in Manchester, and Freeman Family Practice in Corbin.

Once the portal is deployed in late 2014, patients and providers will be able to exchange electronic health information. Providers will simply log on to the site, register their patients for an account and provide patients with a secure member access code. Patients will then visit the site, enter the code and set up their portal accounts. When both parties are connected via the portal, they can begin securely exchanging health information.



HHS ANNOUNCES NEARLY \$212 MILLION IN GRANTS TO PREVENT CHRONIC DISEASES

Printed in part from a U.S. Department of Health and Human Services Press Release and Webpage

In September, Health and Human Services Secretary Sylvia M. Burwell announced nearly \$212 million in grant awards to all 50 states and the District of Columbia to support programs aimed at preventing chronic diseases such as heart disease, stroke and diabetes. Funded in part by the Affordable Care Act, the awards will strengthen state and local programs aimed at fighting these chronic diseases, which are the leading causes of death and disability in the United States, and help lower our nation's health care costs.

A total of 193 awards are being made to states, large and small cities and counties, tribes and tribal organizations, and national and community organizations, with a special focus on populations hardest hit by chronic diseases. The Centers for Disease Control and Prevention will administer the grants.

"These grants will empower our partners to provide the tools that Americans need to help prevent chronic diseases like heart disease, stroke, and diabetes," said Secretary Burwell. "Today's news is important progress in our work to transition from a health care system focused on treating the sick to one that also helps keep people well throughout their lives."

The goals of the grant funding are to reduce rates of death and disability due to tobacco use, reduce obesity prevalence, and reduce rates of death and disability due to diabetes, heart disease, and stroke.

"Tobacco use, high blood pressure, and obesity are leading preventable causes of death in the United States," said CDC Director Tom Frieden, MD, MPH "These grants will enable state and local health departments, national and community organizations, and other partners from all sectors of society to help us prevent heart disease, cancer, stroke, and other leading chronic diseases, and help Americans to live longer, healthier, and more productive lives."

This is one of many ways the Affordable Care Act is improving access to preventive care, and coverage for people with pre-existing conditions. Under the Affordable Care Act, 76 million Americans in private health insurance have gained access to preventive care services without cost-

sharing and issuers can no longer deny coverage to anyone because of a pre-existing condition.

Chronic diseases are responsible for 7 of 10 deaths among Americans each year, and they account for more than 80 percent of the \$2.7 trillion our nation spends annually on medical care.

Kentucky Funding Awarded:

- **Programs to Reduce Obesity in High-Obesity Areas (DP14-1416)**
University of Kentucky \$629,004
- **State Public Health Actions (DP13-1305) Enhanced Awards, FY 2014**
Kentucky \$598,606
- **Total FY 2014 Awards and Funding Amounts, by State**
Kentucky \$1,227,610

For complete award information and a description of activities, go to:

<http://www.cdc.gov/chronicdisease/about/2014-foa-awards.htm>

According to the CDC webpage, the programs involve partnerships at the national, state, and/or local levels because public health cannot solve these problems alone. Awardees will coordinate prevention activities to achieve three overall goals:

- *Reduce rates of death and disability due to tobacco use.*
- *Reduce prevalence of obesity.*
- *Reduce rates of death and disability due to diabetes, heart disease, and stroke.*

All six programs address one or more of the leading risk factors for chronic disease: tobacco use, poor nutrition, and physical inactivity. Some of the programs also address key health system improvements and community supports to help Americans manage chronic conditions such as high blood pressure and pre-diabetes.

DIABETES SELF-MANAGEMENT TRAINING RESOURCES

VIDEOS, WEBINARS, TIP SHEETS & OTHER RESOURCES AVAILABLE

The National Council on Aging (NCOA) offers the following resources for Diabetes Self Management Training:

Videos

- *Better Choices for Living with Diabetes: Information for Physicians*
- *Better Choices for Living with Diabetes: Information for Diabetes Patients*

Webinars

- *Diabetes Self Management Training: How It Benefits Seniors and Steps to Reimbursement*
- *The Ins and Outs of Selling EBPs to Health Care*
- *Obtaining Diabetes Self-Management Accreditation and Medicare Reimbursement: What States Need to Know*

Tip Sheets

- *DSMT Tip Sheet* – This tip sheet provides valuable information and insights to help you develop and operate DSMT programs that meet CMS guidelines for Medicare reimbursement.
- *How to work with a Federally Qualified Health Center*—FQHCs can provide DSMT and Medical Nutritional Therapy services if they are accredited and accepted by CMS. This tip sheet will help you learn more about partnering with FQHCs to provide DSMT.
- *Health Behavior and Assessment Intervention (HBAI) Services*—HBAI is a Medicare reimbursable intervention designed to enable the consumer to overcome the perceived barriers to self-management of his/her chronic disease(s). CDSME, when added to the appropriate infrastructure, appears to meet the requirements to be considered HBAI services.

Other Resources

- *DSMT and MNT Rate Changes for 2014*—DSMT service rates change every year. These rates are retroactive to January 2014.
- *Instructions for Obtaining a Medicare Provider Number*—This provides suggestions for completing the required forms to obtain a Medicare provider number.

Sample Policy and Procedure Manual for Diabetes Self-Management Education Program—A sample that can be used as a template to craft a policy and procedure manual for your organization.

- *Sample Agreement with an Independent Contractor*—The document provides a sample agreement between an organization and an independent contractor. It can be used as a guide to craft an agreement for your organization.
- *Sample Memorandum of Understanding (MOU)* - This document provides a MOU between a community-based organization (CBO) and a hospital. It details the expectations, protections, and limitations of a hypothetical agreement in which the CBO would be providing evidence-based self-management education programs to the hospital's patients/former patients.
- *Sample CDSMP Follow-Up Plan and Assessment Form*—A sample that can be used as part of the Health Behavior and Assessment Intervention (HBAI). HBAI is a Medicare reimbursable intervention designed to enable the consumer to overcome the perceived barriers to self-management of his/her chronic disease(s).
- *Sample CDSMP Participant Intake Form with Individual Education Plan*—Another sample that can be used as part of the Medicare reimbursable Health Behavior and Assessment Intervention (HBAI).
- *Flowchart: Integrating of DSMP and CDSMP*—A sample process for integrating Disease Self-Management Programs into an existing hospital-based care management program.

Toolkit

- *DSMT Toolkit*—The Administration on Aging developed this toolkit to provide AAAs, community planners, and healthcare professionals with valuable information and insights that can help them operate cost-effective, accredited DSMT programs that can meet CMS requirements for Medicare reimbursement.

See more at: <http://www.ncoa.org/improve-health/center-for-healthy-aging/chronic-disease/diabetes-self-management.html>

\$850,000 RAISED IN KY 2014 JDRF WALKS!



Baby, pictured above, helped to raise money for diabetes at the "Greater Lexington Walk to Cure Diabetes" held September 20 at Lexington Legends Whitaker Bank Ballpark.

Submitted by: Jeramie Irwin, JDRF Kentuckiana Chapter, Louisville, KY

JDRF Kentuckiana Chapter recently held the *Walk to Cure Diabetes* in 5 different cities throughout the state of Kentucky. JDRF Kentuckiana held successful walks in Louisville, Lexington, Bowling Green, Prestonsburg, and Paducah over the past six weeks.

Over 7500 walkers, most of who have been touched in some way by type 1 diabetes, participated in the JDRF walks raising nearly \$850,000 for type 1 diabetes (T1D) research.

Funding for the *JDRF Walk to Cure Diabetes* goes toward important life changing research to reduce the impact of type 1 diabetes on people's lives and to find a cure. JDRF's highest priority remains funding research to deliver a cure for T1D and its complications. JDRF is also focused on delivering better treatments in order for type 1 individuals to live healthier lives now and in the future. JDRF has research projects in 17 countries totaling \$530 million currently taking place across the globe.



Participants, pictured above, attended the "Crusin for a Cure — Walk to Cure Diabetes" held September 27 at Hot Rods Stadium in Bowling Green.



Rufus's Runners Team, pictured above, walked for JDRF to help raise a statewide total of nearly \$850,000 for diabetes research.



Participants, pictured above, walk at the "Greater Louisville Walk to Cure Diabetes" held August 23 at Churchill Downs, Louisville.



Boys, pictured left, who attended the "Four Rivers Walk to Cure Diabetes" hold up a JDRF #1 sign on August 16th at Noble Park in Paducah.

Research for T1

kentucky.jdrf.org

The "Big Sandy Walk to Cure Diabetes" was held September 27 at the Big Sandy Community College Campus in Prestonsburg.

8TH ANNUAL HEALTH EXPO 650 ATTENDEES!

Submitted by: Jamie Lee, RN, CDE, MLDE, Diabetes Education Coordinator, Lake Cumberland District Health Department

The 8th Annual Health Expo was held June 20, 2014 in Somerset, Kentucky. Over 650 people attended the 1950's themed event -- "Healthy Happy Days" and visited 78 exhibitors while learning important ways to prevent and manage diabetes, as well as ways to simply live healthier.

Participants were able to try their hand at 1950's trivia, hula-hooping, and yo-yoing. Entertainment was provided by Missy's Gymnastics and Dance, plus Bill Kelly wowed the crowd singing "rock & roll" and ended with a tribute to Elvis! The annual event is coordinated by the Lake Cumberland District Health Department Diabetes Education Program.



Pictured left to right are Angela Simpson, secretary, LaCosta Carver, RN BSN, Vicky Albertson, RN, Leslie Coffey, RN CDE, Jamie Lee, RN CDE, Coordinator & Destiny Greer, RN CDE.

HENRY COUNTY WALKERS WIN WITH 643,529 STEPS!

Submitted by: Mona Huff, Henry County Community Organizer

The KIPDA Rural Diabetes Coalition (KRDC) held their 3rd Annual *FREE Tri-County Walking Challenge for Diabetes* on September 6, 2014, with Henry County winning the challenge with 117 walkers walking 643,529 steps!

Walkers wore BLUE for diabetes and gathered at three locations to see which county's walkers could get the most steps in one hour. Sites of the walks included the Shepherdsville City Park in Bullitt County, the Clear Creek Park in Shelby County and the Henry County Recreational Park in Henry County.



Henry County Walkers Walk for Diabetes — pictured left to right front row are Toni Jackson, Madeline Kramer, Kurtland Bishop; back row are Jennifer Yount, Dee Dee Yantz, and Louie Genter.

Dee Dee Yantz was the overall winner with 11,290 steps.

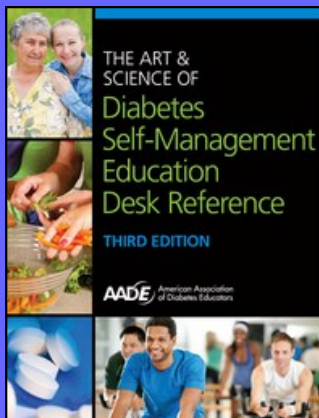
Walkers from Henry County are shown at the Henry County Recreational Park (right) and won the Tri-County Walking Challenge on September 6th.



ORDER TODAY!

Pre-order your copy of the
**NEW Art and Science of
Diabetes Self - Management
Education Desk Reference
Third Edition**
\$249

Call AADE 1-800-338-3633



KIPDA Rural Diabetes Coalition
Diabetes has no boundaries

In collaboration with the University of Louisville
Funding provided by the Centers for Disease Control and Prevention

HAVE YOU HEARD?

KEY DATES FOR THE HEALTH INSURANCE MARKETPLACE *OPEN ENROLLMENT STARTS SOON*

As a Diabetes Health Professional — Assist Your Patients To Obtain Health Insurance

Open Enrollment is the time when Kentuckians can apply for a new Marketplace plan, keep their current plan, or pick a new one. Four key dates diabetes professionals should be aware of to share with patients:

- **November 15, 2014.** Open enrollment begins. Apply for, keep, or change coverage.
- **December 15, 2014.** Enroll by the 15th for new coverage that begins on January 1, 2015. If a plan is changing or a person wants to change plans, enroll by the 15th to avoid a lapse in coverage.
- **December 31, 2014.** Coverage ends for 2014 plans. Coverage for 2015 plans can start as soon as January 1st.
- **February 15, 2015.** This is the last day to apply for 2015 coverage before the end of Open Enrollment. For more information, go to: www.healthcare.gov.

KHIE CREATES AUTOMATIC PROVIDER NOTIFICATIONS FOR DIABETES *NEWS THAT DIABETES EDUCATORS NEED TO KNOW!*



Printed in part from a KY CHFS Press Release

As a partner to Medicaid and Public Health in the Kentucky *ER Smart* initiative (ER super-utilizers), the Kentucky Health Information Exchange (KHIE) has been working on improving the information in the KHIE Community Record (Virtual Health Record / VHR) to notify providers / users that a patient is a “super-utilizer” of ER services. This criteria was established by the Kentucky *ER Smart* workgroup, made up of 16 pilot communities across the state. The notification will identify patients who have had ten or more visits to an ER in the prior twelve months, as well as three or more acute hospital admissions.

In addition to the ER super-utilizer criteria, KHIE will automatically create notifications for the following health conditions or events:

- Patients diagnosed with asthma, bipolar disorder or **DIABETES**.
- Patients diagnosed with these conditions who have not met certain guidelines for care in the prior 12 months (**HgbA1C for diabetes, for example**)
- Usage of certain prescribed medications.

If you are a provider participating with KHIE who is actively submitting data, KHIE encourages you to utilize the KHIE Community Record to positively impact your care coordination efforts.

If you have not requested access, contact your KHIE Outreach Coordinator at: <http://khie.ky.gov>.

For more information, contact Polly Mullins Bentley at: polly.mullins-bentley@ky.gov.

DIABETES EDUCATORS:

AWARENESS CAMPAIGN UPDATE



Now Available FREE through the American Association of Diabetes Educators (AADE):

NEW PATIENT BROCHURE

A new online brochure to help diabetes educators tell patients and potential patients about diabetes educators and what you do is now available.

Now posted on AADE's website, "Living with Diabetes" gives patients information about the AADE7 Self-Care Behaviors and describes how working with a diabetes educator can make a difference. You can download the brochure for free.

Some ways you can use the new brochure include:

- Print copies for a community health fair
- Print copies for patients or send them a link
- Share the link on your social media pages
- Give to your referral network as a resource they can share with patients



Brochure is available to download free at:

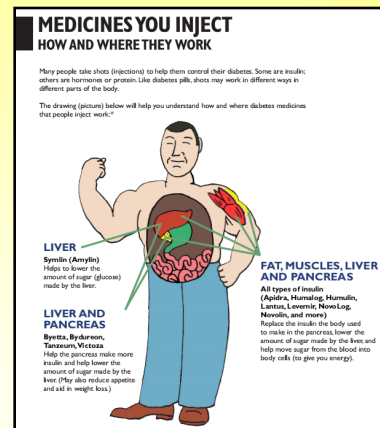
http://www.diabeteseducator.org/export/sites/aaade/resources/pdf/general/x140724_brochure.FINAL.pdf

NEW LOW-LITERACY HAND-OUTS AVAILABLE



Learning About Diabetes, Inc., has posted the new diabetes education aid, *Medicines You Inject - How and Where They Work* (pictured at right)

This is the long-promised companion piece to the recently redesigned and updated handout on how and where diabetes pills work.



THE METABOLIC SYNDROME

The "Not-So-Good News"

- 50 million Americans have the syndrome
- It increases your risk of heart disease, stroke, and diabetes
- Eighty percent (80%) of people with type 2 diabetes have this problem

You have the metabolic syndrome if you have any THREE of the following:

RISK FACTOR*	PROBLEM LEVEL
Large waist (Stomach)	Waist Size
Men	40 in. (≥102 cm) or more
Women	35 in. (≥88 cm) or more
High Triglycerides	150 mg/dL or higher
Low HDL-C (Good Cholesterol)	
Men	Less than 40 mg/dL
Women	Less than 50 mg/dL
High Blood Pressure	130/85 or higher
Diabetes or Prediabetes	126 mg/dL or higher (fasting) 100 to 125 mg/dL (fasting)

*Also count as a risk factor if you are being treated for any of these conditions.

The "Good News"

- Modest weight loss (15 pounds or 7% of your body weight)
- Being active (30 minutes or more at least 5 days a week), and
- Eating healthy foods in the right amounts at the right time

all help to lower your waist size, blood pressure, blood sugar, and cholesterol.

Medicine can help, but it can't do it alone. To stay healthy and lower your risk for the metabolic syndrome:

- 1) Watch your weight, 2) Be active often, and 3) Eat healthy foods

Talk to your doctor or diabetes educator for more information.

"The Metabolic Syndrome" handout was also recently added.

Along with a one page "Blood Sugar Diary" page that can be printed.

BLOOD SUGAR DIARY

Name: _____ Week of: _____

My Blood Sugar Goals: Waking Up: _____ Before Meals: _____ 2 Hours After Meals: _____ Bedtime: _____

Day/Time	Medication	Insulin	Glucose	Insulin	Glucose	Insulin	Glucose	Insulin	Glucose	Insulin	Glucose
	100	100	100	100	100	100	100	100	100	100	100
MON											
TUE											
WED											
THU											
FRI											
SAT											
SUN											

*Bring the diary page to your next diabetes care appointment.

AADE Webinars:

- 10-22-14** Obesity Series, Part IV: Surgical Considerations
- 11-5-14** Diabetes Care Across Healthcare Transitions
- 11-19-14** Diabetes Mellitus and Schools
- 12-3-14** Wound Care
- 12-10-14** Group Education Strategies
- 12-17-14** Annual Reimbursement Update for 2015

Webinars take place from 1-2:30 pm eastern time and offer 1.5 hours CE credit, unless otherwise noted.

For a full list of offerings and to register visit:

<https://www.diabeteseducator.org/ProfessionalResources/products/webinars.html>

THE FRIEDEL COMMITTEE

FOR HEALTH SYSTEM TRANSFORMATION

October 2014

**Oct.
26
&
27**

The FRIEDEL COMMITTEE Annual Meeting will be held October 26-27, 2014. Location - TBA

KENTUCKY'S SHARED AGENDA FOR HEALTH -- Healthier, Wealthier and Wiser

This meeting will be of interest to ALL persons and organizations that want to work together to make Kentucky a healthier state. That includes business, education, government, providers, non-profits and other Kentucky citizens. Our vision is that if we all work together we can create change.

We will take a dynamic look at the challenge, including a review of current initiatives and successes and future action steps.

To Register:

<http://www.friedellcommittee.org/members/biannual-meeting-materials/fall-2014-meeting-registration>

For more information:

<http://www.friedellcommittee.org/>

DIABETES EDUCATION OFFERINGS

The Latest Advances in Diabetes Management



The Latest Advances in Diabetes Management
October 24, 2014

Corbin Technology & Community Activities Center
Corbin, Kentucky 40701

This program will present the latest advances and recommendations in the management of diabetes through recognizing the risk factors for developing diabetes, reducing cardiovascular

complications, nutrition management, pharmacological agents in diabetes care, with an emphasis on healthy lifestyle choices including physical activity.

To Register or Pay Online:

www.soahec.org/cecme.html (Deadline 10-10-14)

For information, contact:

Anna Jones, Southern KY AHEC, ajones@soahec.org

Kentucky Statewide

Diabetes Symposium 2014

**UPDATE
CE
APPROVED**

**Friday
November 7th**

**Marriott East
Commonwealth Ballroom
Louisville, KY**

Symposium Held in Recognition of
WORLD DIABETES DAY



Continuing Education Application Submitted

Certified Diabetes Educators
Registered Dietitians
Registered Nurses
Registered Pharmacists

Continuing Education
6 contact hours approved through the American Association of Diabetes Educators for Nurses, Dietitians, Pharmacists and Certified Diabetes Educators (*see brochure or website for complete details*).

Onsite registration and payment available at:

<http://tinyurl.com/KYDiabetes2014>

HURRY!

Make Hotel Reservations by October 8th!

Early Registration Fee Ends October 20th!

For information:

julie.shapero@nkyhealth.org
or janice.haile@ky.gov

KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), (covers Lexington and Central Kentucky), meets quarterly (time & location vary). For a schedule or more information, go to <http://kadenet.org/> or contact: Dee Deakins dee.deakins@uky.edu or Diane Ballard dianeballard@windstream.net.

**Presentations from KADE's Spring Symposium
"Navigating the Maze of Diabetes Care"**
may be downloaded at:
<http://kadenet.org/>

11/7/14 Annual Statewide Symposium—Louisville
12/12/14 Annual KADE Holiday Meeting 11:30am
3/6/15 Annual KADE Symposium & Meeting
(Central Christian Church)
5/19/15 KADE Meeting TBD

KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. Membership is free. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

2014 KDN Meeting Dates (10 am — 3 pm EST)
December 5, 2014
KY History Center, Frankfort, KY

GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), (covers Louisville and the surrounding area), meets the second Tuesday every other month. Registration required. For a meeting schedule or to register, contact Vanessa Paddy at 270-706-5071 Vpaddy@hnh.net or Anne Ries at 502-852-0253 anne.ries@louisville.edu

Presenter: Dr. Jahangir Cyrus
Topic: Tanzeum (sponsored by GSK)
Date / Time: November 11, 2014 at 6 pm at Ruth's Chris
RSVP: Ronda.merryman-valiyi@bhsi.com

DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Susan Roszel at: susan_roszel@trihealth.com 513-977-8942. Meetings are held in Cincinnati four times per year at the Good Samaritan Conference Center unless otherwise noted.

Registration 5:30 PM — Speaker 6 PM
1 Contact Hour

Fee for attendees who are not members of National AADE

TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), (covers Western KY/Southern IN/Southeastern IL) meets quarterly from 10 am – 2:15 pm CST with complimentary lunch and continuing education. To register, call 270-686-7747 ext. 3020 or email Carman Allison at: carman.allison@grdhd.org.

October 16, 2014 — TRADE Quarterly Program
Pain Management in Diabetes / Overview of New and Upcoming Medications for Type 2 Diabetes Treatment
and
Diabetes & Exercise
Anna Gibson, PharmD & Brandy A. Hollman-Brown, LD, CN, CPT
Deaconess Downtown Clinic (old Welborn Clinic), 421 Chestnut St.,
Evansville, IN 47713, Meeting Rooms A, B, & C in Basement
10:00 am - 2:30 pm
2.0 FREE Contact Hours and Lunch

January 15, 2015—TRADE Quarterly Program
Details To Be Announced
Owensboro Health Regional Hospital, Owensboro, KY

ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact Vasti Broadstone, MD, phone 812-949-5700 email joslin@FMHHS.com.

Learn About CDC's National Diabetes Prevention Program
<http://www.cdc.gov/diabetes/prevention/index.htm>

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Kentucky Diabetes Resource Directory

Update your entry information

<https://prd.chfs.ky.gov/KYDiabetesResources/>

Contact Information



www.diabetes.org
1-888-DIABETES

KENTUCKY ASSOCIATION
of DIABETES EDUCATORS



Local Networking Group of AADE
A LOCAL NETWORKING GROUP of the



American Association
of Diabetes Educators

www.kadenet.org



[www.jdrf.org/chapters/
KY/Kentuckiana](http://www.jdrf.org/chapters/KY/Kentuckiana)
1-866-485-9397

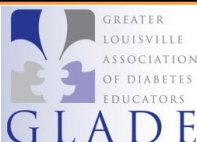


Tri-State Association
of Diabetes Educators

A LOCAL NETWORKING GROUP of the



American Association
of Diabetes Educators



A LOCAL NETWORKING GROUP of the



American Association
of Diabetes Educators

www.louisvillediabetes.org



Diabetes Educators Cincinnati Area

A LOCAL NETWORKING GROUP of the



American Association
of Diabetes Educators



KENTUCKY DIABETES NETWORK, INC.

www.kentuckydiabetes.net



www.chfs.ky.gov/diabetes/



American
Association
of Clinical
Endocrinologists
Ohio River Regional Chapter

joslin@fmhhs.com

[Kentuckiana Endocrine Club](http://KentuckianaEndocrineClub.com)
Joslin@EMHHS.com

NOTE: Editor reserves the right to edit for space, clarity, and accuracy.